

South Carolina Department of Health and Human Services  
**REQUEST FOR CHILD SUPPORT INFORMATION**

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Date: \_\_\_\_\_

please provide information about child support payments made through the courts for the months of.

Amount of Court Ordered Support:	Child's Name	Child's Name	Child's Name	Child's Name
Date Support Payments Began:				
	Name of NCP	Name of NCP	Name of NCP	Name of NCP
Frequency of Payments:				
Amount of Court Ordered Support: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month _____				
Date & Net Amount of Support Paid:				
Signature of Researcher:		Telephone:		Date:

## INSTRUCTIONS FOR DHHS FORM 1211-ME

**Purpose:** DHHS Form 1211-ME is used by the Department of Health and Human Services to request child support information from family courts.

### Part I: To be completed by DHHS

1. Case Name: Enter the name of the client as it appears on the case record.
2. Case Number: Enter the case number as assigned and used by the Department of Health and Human Services.
3. Medicaid worker's Name: Enter the name of the worker.
4. Date: Enter the date that the form is completed.
5. Indicate the length of time for which information is being requested.

### Part II: To be completed by Family Court

1. Amount of Court Ordered Support: Indicate the amount of support designated by the court order.
2. Date Support Payments Began: Enter the date that the support payments actually began being paid.
3. Frequency of Payments: Enter the payment schedule.
4. Amount of Court Ordered Support: Check the appropriate box.
5. Date and Net Amount of Support Paid: Enter the date and the amount of support paid.
6. Name(s) of Children: Enter the name(s) of the child(ren) on whose behalf child support payments are being made.
7. Name of NCP: Enter the name(s) of the non-custodian parent(s) who may be paying child support.
8. Signature of Researcher: Enter the name of the researcher providing the information.
9. Telephone: Enter the telephone number of the researcher.
10. Date: Enter the date that the form is completed.